

Missouri Weekly Influenza Report 2007-2008 Season¹

Missouri is reporting "Widespread" to the CDC for Week 10^2 .

To view influenza maps click here. Each map will give county data by placing the cursor over the county.

Table 1. Reported Laboratory cases by sub-type for the Week ending March 8, 2008 (Week 10)

Serogroups	A (non-typed)	A (H1)	A (H1N1)	A (H3)	В	A or B Untyped (rapid test)	Total
Week 10	593			12	317	386	1,308

^{1,295} cases by rapid non-culture diagnostic test, 12 culture confirmed type A (H3) and 1 culture confirmed type B have been reported for week 10.

Table 2. Influenza Season-to-Date and 5-season Median by Influenza Type
Through Week Ending March 8, 2008 (Week 10)

Influenza Type	2007-08 Season	5-Season Median	Percent Change from 5-Season Median
Influenza A	15,344	6,859	123.7%
Influenza B	3,198	659	385.3%
Influenza Unknown Or Untyped	5,784	2,627	120.2%
Total	24,326	9,779	148.8%

Table 3. Influenza Season-to-Date and 5-season Median by Age Group Through Week Ending March 8, 2008 (Week 10)

Age Group	2007-08 Count	5-Season Median	Percent Change from 5-Season Median
00-<02	2,608	1,243	109.8%
02-04	2,813	1,201	134.2%
05-14	4,943	2,717	81.9%
15-24	3,545	1,079	228.5%
25-49	6,320	1,680	276.2%
50-64	1,969	588	234.9%
65+	2,128	1,116	90.7%
Total	24,326	9,779	148.8%

Table 4. Influenza Season-to-Date and 5-season Median by Region Through Week Ending March 8, 2008 (Week 10)

Region	2007-08 Count	5-Season Median	Percent Change from 5-Season Median
CE	3,974	1,453	173.5%
EA	8,843	2,961	198.6%
NW	6,570	3,624	81.3%
SE	1,748	620	181.9%
SW	3,191	1,884	69.4%
Total	24,326	9,779	148.8%

Table 5. Deaths involving Pneumonia and Influenza (P&I) Reported During the Week Ending March 1, 2008 (Week 9)*

Week 9	Week 9 Season-to-Date		5 Year Weekly Median	
76	1,523	114	131	

^{*} Beginning in Week 35 of 2003, the number of P&I deaths became based on a new system of retrieval that now includes <u>all</u> contributing causes of death from death certificates.

Graph 1. Influenza 2007-08 Season-To-Date as compared to the previous 4 influenza seasons Through the Week Ending March 8, 2008 (Week 10)

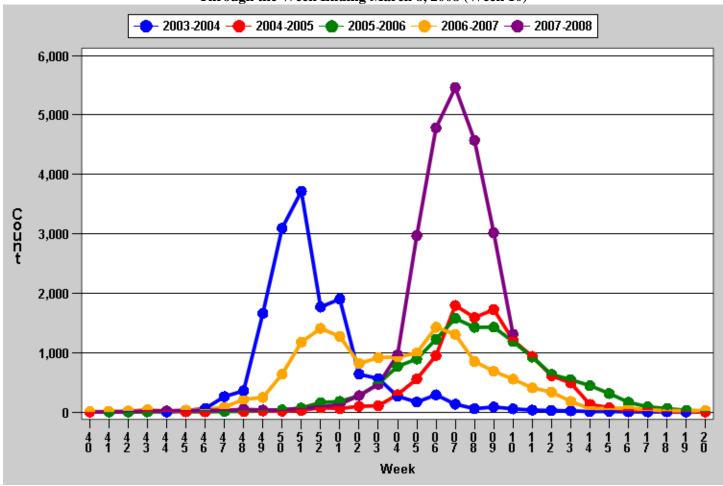


Table 6. Respiratory Specimens Submitted to SPHL for Viral Testing Through the Week Ending March 8, 2008 (Week 10)*

	Positive Influenza	Total Number Specimens Submitted		
Week 10	13	8		
Season-to-Date	66	169		

^{*}Number positives also represent past weeks specimens submitted.

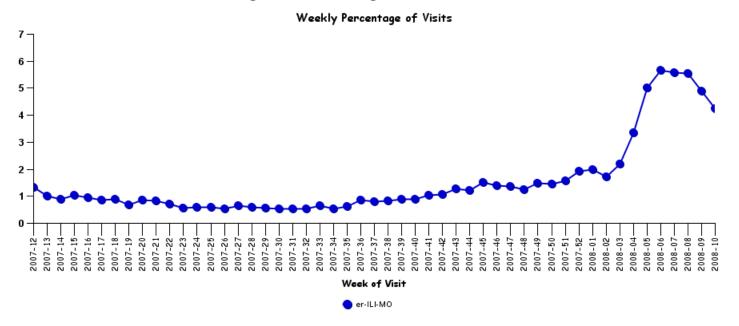
Table 7. U.S. Influenza Sentinel Physicians Surveillance Network (USISPSN)* Influenza-like Illness (ILI) for the Week Ending March 1, 2008 (Week 9)

Age	Age	Age	Age	Total ILI	Total	Percent
0-4	5-24	25-64	65+	Patients Seen	Patients Seen	ILI**
7	12	7	0	26	2066	

^{*}To learn about USISPSN, view the following website: http://www.cdc.gov/flu/weekly/fluactivity.htm

Graph 2. Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)*
Weekly percent of ER visits with the chief complaint of Influenza-like Illness, from participating hospitals.

Through the Week Ending March 8, 2008 (Week 10)



^{*}To learn more about ESSENCE, view the following website: http://www.dhss.mo.gov/ESSENCE/

Antigenic Characterization of Missouri Influenza Isolates submitted to CDC by the State Public Health Laboratory: CDC antigenically characterizes a sample of positive Missouri influenza isolates, submitted through the Missouri Department of Health and Senior Services (DHSS), State Public Health Laboratory (SPHL). DHSS has submitted eighteen influenza isolates this season to CDC for antigenic characterization.

Results Received from CDC: Influenza B viruses currently circulating can be divided into two antigenically and genetically distinct lineages represented by **B/Yamagata/16/88 and B/Victoria/2/87** viruses.

CDC has antigenically characterized two isolates this season from Missouri: B/FLORIDA/04/2006-LIKE virus and A/WISCONSIN/67/2005-LIKE (H3N2) LOW.

Both LAIV and TIV contain strains of influenza viruses that are antigenically equivalent to the annually recommended strains: one influenza A (H3N2) virus, one influenza A (H1N1) virus, and one influenza B virus. Each year, one or more virus strains might be changed on the basis of global surveillance for influenza viruses and the emergence and spread of new strains. Only the H1N1 strain was changed for the recommended vaccine for the 2007–08 influenza season, compared with the 2006–07 season. Viruses for both types of currently licensed vaccines are grown in eggs. Both vaccines are administered annually to provide optimal protection against influenza virus infection. Both TIV and LAIV are widely available in the United States. Although both types of vaccines are expected to be effective, the vaccines differ in several aspects.

^{**}This is below the regional baseline percent of 1.5%

Clusters/Outbreaks of Influenza-like Illness: No school closings have been reported for week 10 of current season; No school closings were reported last season. No outbreaks have been reported for week 10 of the current season; no outbreaks were reported last season.

Data Sources: Laboratory-confirmed cases are reported to DHSS through the passive communicable disease surveillance system. Suspected influenza clusters and outbreaks are reported through the active surveillance system. Pneumonia and influenza deaths are reported through the DHSS Bureau of Vital Records. Influenzalike illness data by age category and total number of patient visits by week are reported voluntarily by participants in the U.S. Influenza Sentinel Physicians Surveillance Network.

Find Us on the Web

This report may also be found on the DHSS Internet at: www.dhss.state.mo.us/Influenza/index.html.

National influenza surveillance information is available from the Centers for Disease Control and Prevention at: www.cdc.gov/ncidod/diseases/flu/weekly.htm.

Contact Us

The Missouri Department of Health and Senior Services after hours number for reporting disease cases and emergencies is **1-800-392-0272**.

¹All data in this report are provisional and may change as reports are updated.

²Influenza activity codes are reported to CDC each Monday.